2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P99000007738 1. Entity Name QUEST CONSTRUCTION, INC. 08-22-2000 90003 018 ***558.75 Principal Place of Business Mailing Address 5642 CREEKWOOD DRIVE 5642 CREEKWOOD DRIVE SARASOTA FL 34233 SARASOTA FL 34233 A0073682 2. Principal Place of Business 3. Mailing Address 60203 6020 B DFACO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0893519 Not Applicable <u>Saraso</u> ARASOTA FLORIDA \$8.75 Additional Zip 5. Certificate of Status Desired 34238 Fee Required W.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOOLEY, WILLIAM A Street Addres ber is Not Acceptable) 2070 RINGLING BOULEVARD SARASOTA FL 34237 STREET Zip Code 34236 City 8. The above names submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F D TITLE िंद Úriange Addition X Delete MICHAGL JACKSON NAME MCGONAGILL, GEORGE W NAME 7868 SADDLE CREEK TRAIL STREET ADDRESS STREET ADDRESS 5642 CREEKWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34233 SARASOTA FL. 34241 Addition Change TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST:7IP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 purpo 911.921.3300